

PART B - FEE(S) TRANSMITTAL

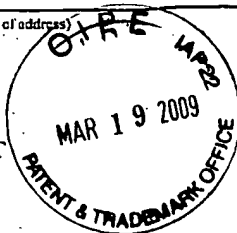
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25255 7590 12/22/2008
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Vicki L. Sgro (Depositor's name)
 (Signature)
 March 10, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/586,093	07/13/2006	David Blum	2004DE101	1154

TITLE OF INVENTION: TRIPHENDIOXAZINE PIGMENTS

03/19/2009 HVUONG2 00000054 032060 10586093

01 FC:1501 1510.00 DA
 02 FC:1504 300.00 DA
 03 FC:1508 10.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. FEE DUE	TOTAL FEE DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/23/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
HABTE, KAHSAY	1624	544-075000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Anthony A. Bisulca

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Clariant Produkte (Deutschland) GmbH

Frankfurt, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2060 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Anthony A. Bisulca
 Typed or printed name Anthony A. Bisulca

Date 3/19/2009
 Registration No. 40,913

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